

# NO WOMAN SHOULD DIE GIVING LIFE

## FACTS and FIGURES 4

### EASING THE PERILOUS PASSAGE Providing Emergency Obstetric Care

UP TO 15 PER CENT OF ALL WOMEN who give birth suffer life-threatening complications that can, in most cases, be treated with emergency obstetric care before, during and after delivery. This means that every pregnant woman should have access to emergency care if she develops complications.

Unfortunately this is not the reality. Every minute a woman dies of causes related to pregnancy or childbirth. This adds up to 1400 women each day—an estimated 536,000 each year. For every woman who dies, at least 20 more will be left disabled.

This, in turn, has implications for a country's health care system. Since most complications during pregnancy and birth cannot be prevented or reliably predicted, facilities that can deliver emergency obstetric care need to be spread out throughout the country.

Such facilities—health centres, maternity homes, hospitals and others,—must be well-equipped and staffed 24 hours a day, seven days a week—and the women who need them must have a way to get there in time to prevent death or disability. This is often difficult, if not impossible, in the poorest countries, in countries experiencing civil strife or humanitarian disasters or in those with extreme geographic barriers.

Nevertheless, experience shows that emergency obstetric care is possible—even in the most poor and extreme settings—provided that the political commitment and the logistical know-how are available.

#### THE CURRENT SITUATION

- Up to 15 per cent of pregnant women in ALL population groups experience potentially fatal complications during birth—20 million women each year.
- More than 80 per cent of maternal deaths worldwide are due to five direct causes: haemorrhage, sepsis, unsafe abortion, obstructed labour and hypertensive disease of pregnancy.
- Most maternal deaths (61 per cent) take place during labour, delivery or in the immediate post-partum period. Some 3.4 million newborns die within the first week of life.

- A study of 2.7 million deliveries across seven developing countries found that only one-third of women who needed life-saving care for a complication received it.
- The majority of women die because of severe bleeding. This complication can kill a woman in less than two hours. Medical attention to stop bleeding, blood transfusions or fast emergency evacuation is needed to save their lives.
- Approximately five per cent of women—six million women—will need surgery, most often a Caesarean section, and many are without access to emergency obstetric care. This unmet need may result in death or painful disabilities, such as obstetric fistula.
- At least 100,000 will suffer a fistula each year, and most of these women will not have access to treatment, which makes it a chronic condition.
- An African woman faces a 1 in 26 lifetime risk of dying from a complication related to pregnancy or childbirth. In contrast, women living in developed countries face a 1 in 7,300 lifetime risk dying from a complication related to pregnancy or childbirth, and a much lower risk in the rich countries.
- Only 58 per cent of all women in developing countries receive skilled professional care while giving birth and even then, the quality of care may be poor or inadequate. Even fewer women receive the full package of care from pregnancy through to the end of the post-natal period.

#### What is emergency obstetric care?

Basic emergency obstetric care usually refers to medical interventions that can be provided in health centres and small maternity homes by a nurse, a midwife or a doctor. This involves:

- Administration of antibiotics, oxytocics, or anticonvulsants
- Manual removal of the placenta
- Removal of retained products following miscarriage or abortion
- Assisted vaginal delivery with forceps or vacuum extractor, typically delivered in district hospitals

Comprehensive emergency obstetric care includes all basic functions above, plus Caesarean section, anaesthesia and safe blood transfusion. These require trained staff, an operating theatre and are usually performed at hospitals.

Basic guidelines jointly issued by WHO, UNFPA and UNICEF recommend four facilities offering basic and one facility offering comprehensive essential obstetric care per 500,000 people.

- In many sub-Saharan African countries, less than 25 per cent human resources needed for obstetric care are available.
- Evidence shows that maternal mortality can be reduced even in the poorest countries.
- Meeting the existing demand for family planning services would reduce maternal deaths and injuries by 20 per cent or more.

#### Barriers to access

- No system by which to refer women suffering complications.
- High cost of transport in emergency.
- Delays—either owing to distance or lack of transportation—sending women to clinics and hospitals that provide emergency obstetric care.
- Lack of skilled personnel and equipment at clinics and hospitals.
- According to the Averting Maternal Death and Disability Project, in 9 of 14 countries surveyed, the numbers of basic obstetric facilities were less than 50 per cent of the levels recommended by the United Nations.
- Studies undertaken in Benin, Ecuador, Jamaica and Rwanda showed that practitioner knowledge is often lacking, with test scores between 40 and 65 per cent of pre-specified norms.
- In Ghana, as few as 17 per cent of hospital births met the standards of good clinical practice. Technical and quality of care scores were equally inadequate in health centres located in Nigeria and Cote d'Ivoire. In some cases, women gave birth in the hospital with no professional support whatsoever.
- The 2005 WHO World Health Report calculated that by 2030, nearly three times the number of professionals will be needed to provide women with the assistance they require while giving birth.

#### BENEFITS OF ACTION

Providing emergency obstetric care can lead to a reduction maternal and child mortality, a better health outcome for mother and child, and poverty reduction. According to the World Bank, ensuring skilled attendance in delivery, backed up by emergency obstetric care, would reduce maternal deaths by about 75 per cent as well as save thousands of children's lives.

#### The three delays

When it comes to preventing maternal mortality and disability, timing is critical: although post-natal haemorrhage can kill a woman in less than two hours, most other complications have a window of 12 hours or more during which to obtain life-saving emergency care. The "three delays" model is a useful yardstick to manage obstetric complications, and to design programmes to prevent maternal death or injury.

The three delays are:

- Delay in deciding to seek care
- Delay in reaching appropriate care
- Delay in receiving care at health facilities

The first two relate directly to the issue of access to care—including family pressure to give birth at home either because of social or community pressure or owing to inadequate funds for transportation. The third relates to inadequacies within the health care system itself. This could be lack of properly trained personnel, transfusion equipment and other infrastructural inadequacies. Unless the three delays are addressed, no safe motherhood programme can succeed.

#### WHAT MUST BE DONE?

Practice shows that even in the poorest countries, maternal health can be improved and maternal deaths prevented, if there is high-level political will to do so and a determination to see it done.

Emergency obstetric care requires skilled personnel and adequate healthcare infrastructure—including access to reliable and fast transportation. Where professional care is unavailable, infrastructural change and health care strengthening is a critical first step. This includes increasing the number of professionals through incentives, training, upgrading of facilities and ensuring that management capacity, policies and regulations support providers.

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#### WHAT IS UNFPA DOING?

Maternal health is at the core of the UNFPA mandate, and the Fund buttresses activities to prevent maternal mortality in 90 countries by supporting reproductive health programmes. This takes place in close partnership with national governments and United Nations agencies such as WHO, UNICEF, UNHCR, UNESCO, and UNDP, as well as the World Bank.

Activities range from advocating for health reform policies and upgrading health facilities to mobilizing communities to prepare for, and respond to, obstetric emergencies.

In addition to working with governments to ensure reproductive health for all, UNFPA supports training healthcare personnel in various aspects of maternal care, including for emergency cases in 89 countries. Many UNFPA-supported training materials and programmes include:

- Advise policy setting and the formulation of national plans for maternal health.
- A special focus on emergency obstetric care
- Treatment protocols and the revision and adaptation of international standards.
- Upgrading facilities, including water and sanitation, electricity and basic equipments.
- Record-keeping and monitoring internationally agreed process indicators.
- Support of midwifery schools and in-service training of doctors, nurses and assistant doctors.
- Prenatal and post-natal counseling and care for related health problems.
- Delivery care norms and procedures.
- Use of postpartum family planning services.
- Integration of reproductive health services in maternal health (sexually transmitted diseases, prevention of transmission of HIV/AIDS, preventing mother-to-child-transmission of HIV, family planning and spacing of births).
- Establishment of communication and referral systems for obstetric complications.
- Pilot trials of community-based financing schemes.

#### LINKS:

UNFPA: No Woman Should Die Giving Life:

<http://www.unfpa.org/safemotherhood>

